

# Hydroxychloroquine: An Open Letter to Our Community and Beyond

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***To the Editor: Our  
Response to the Scientific  
Community***

It is important to critically review COVID-19 experience in a peer-reviewed, non-politicized process and we fully support appropriately powered, double-blind randomized trials to address questions on COVID-19 clinical management.

*To our friends and colleagues around the country and globe:*

We believe wholeheartedly that a mission statement is more than a plaque we hang on a wall, but rather an idea we embed in our hearts and minds that unifies, empowers and enables us to do what we do every day for the people of our communities.

Our mission is to improve people's lives through excellence in the science and art of health care and healing. For more than 100 years, we have proudly pioneered clinical and scientific breakthroughs that have advanced health care here and abroad.

As an early hotspot for the COVID-19 pandemic, we have seen and lived its devastating effects alongside our patients and families. Perhaps that's what makes us even more determined to rally our researchers, frontline care team members and leaders together in boldness, participating in scientific research, including clinical trials, to find the safest care and most effective treatments. While feeling the same sense of urgency everyone else does to recognize a simple, single remedy for COVID-19, we need to be realistic in the time it takes to fully understand the optimal therapy or combination of therapies required of a new virus we are all trying to contain.

The most well-accepted and definitive method to determine the efficacy of a treatment is a double-blind, randomized clinical trial. However, this type of study takes a long time to design, execute and analyze. Therefore, a whole scientific field exists in which scientists examine how a drug is working *in the real world* to get as best an answer as

they can as soon as possible. These types of studies can be done much more rapidly with data that is already available, usually from medical records.

Like all observational research, these studies are very difficult to analyze and can never completely account for the biases inherent in how doctors make different decisions to treat different patients. Furthermore, it is not unusual that results from such studies vary in different populations and at different times, and no one study can ever be considered all by itself.

Our promising Henry Ford treatment study should be considered as another important contribution to the other studies of hydroxychloroquine that describes what the authors found in our patient population. We – along with all doctors and scientists – eagerly support the need for randomized clinical trials.

We also want to point out that scientific debate is a common occurrence with almost every published study. In part, this is what fuels the advancement of knowledge – challenging one another on our assumptions, conclusions and applications to get to a better place for the patients we collectively serve. You can read the original study [here](#) and the senior author's letter to the editor [here](#).

Unfortunately, the political climate that has persisted has made any objective discussion about this drug impossible, and we are deeply saddened by this turn of events. Our goal as scientists has solely been to report validated findings and allow the science to speak for itself, regardless of political considerations. To that end, we have made the heartfelt decision to have no further comment about this outside the medical community – staying focused on our core mission in the interest of our patients, our community, and our commitment to clinical and academic integrity.

Thank you for your support.

Sincerely,

Adnan Munkarah, M.D., Executive Vice President and Chief Clinical Officer  
Steven Kalkanis, M.D., Senior Vice President and Chief Academic Officer

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Find the Letter to the Editor here: [https://www.ijidonline.com/article/S1201-9712\(20\)30604-4/fulltext](https://www.ijidonline.com/article/S1201-9712(20)30604-4/fulltext)

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